

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, SPARTA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 GRACEY ST SPARTA, TN 38583</b>
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F 000	INITIAL COMMENTS	F 000	This plan of correction is submitted as required under state and federal law.	
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>A recertification survey and complaint investigations for #39466, #37563, #39672, #37804, #37803, and #38987 were completed at NHC Sparta on 9/21/16. No deficiencies were cited related to the complaint investigations under CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to promote dignity for 2 residents (#45, #30) who share a room and are incontinent of bowel and bladder, by ensuring the room is free from odors of 31 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #45 was admitted to the facility on 12/5/12 with diagnoses including Alzheimer's Disease, Delusional Disorders, and Encounter for Palliative Care.</p> <p>Medical record review of the Minimum Data Set (MDS) dated 6/20/16, revealed the resident was incontinent of bowel and bladder with no control noted, and required extensive assistance with Activities of Daily Living (ADL)s.</p>	F 241	<p>correction does not constitute an admission on the part of the center that the findings are accurate, that the findings constitute a deficiency, or that the score and severity regarding any of the deficiencies cited are correctly applied.</p> <p>F241</p> <p>Director of Housekeeping cleaned room 217 on 9-19-2016. Also on 9-19-2016 the Director of Maintenance checked the a/c unit to ensure proper function and inspect for any foreign bodies. On 9-20-2016 the Director of Housekeeping replaced the patient mattresses in room 2017 and the room was again deep cleaned. On 9-21-2016 the room was cleaned by housekeeping staff and an air purifier was placed in the room to assist with air quality.</p>	10-4-16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Administrator</i>	(X6) DATE  <b>10/05/2016</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1  Medical record review revealed Resident #30 was admitted to the facility on 11/30/12, with diagnoses including Alzheimer's Disease, Diabetes, and Parkinson's Disease.  Medical record review of the MDS dated 6/20/16 revealed the resident was incontinent of bowel and bladder with no control noted, and required extensive assistance with ADLs.  Observation in Resident #45 and #30's room on 9/19/16 at 10:45 AM, revealed a strong urine and feces odor especially near Resident #45's bed.  Observation and interview with the Assistant Regional Nurse on 9/19/16 at 11:00 AM, in Resident #45 and #30's room, confirmed the presence of strong urine and feces odor.	F 241	All other patient rooms and mattresses in the building were checked on 9-22-2016 by the DON & Housekeeping Director with no problems were identified.  DON and Administrator reviewed the staff's role in ensuring patient room environments and mattress quality during in-services completed on 10/04/2016.  The Director of Nursing initiated a QAPI on 9-22-2016 to address patient room environments, specifically addressing mattress integrity. Ten rooms will be reviewed each week. This will be monitored by the Director of Nursing weekly for six weeks to ensure patient room environments and mattress quality. Findings will be reported in monthly QA meetings consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Director of Environmental Services, Director of Plant Operations, and Health Information Management.	10-6-16	
F 514 SS=D	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced	F 514	F514  DON reviewed resident #39's chart on 9-22-2016 to ensure there was a current skin assessment.		

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F 514	<p>Continued From page 2</p> <p>by: Based on facility policy review, medical record review, facility documentation review, and interview, the facility failed to provide documentation of skin assessments for 1 resident (#39) of 31 residents reviewed.</p> <p>The findings included:</p> <p>Review of the Skin Integrity Manual, section: Skin Integrity Prevention and Management...Assessment Guidelines...revealed, "...Weekly Skin and Wound Assessments...Skin assessment includes skin integrity...absence or presence of edema; color and temperature of skin, tissue tolerance, nutritional and hydration status [Documented on Skin Assessment Record]..."</p> <p>Medical record review revealed Resident #39 was admitted to the facility on 10/29/14, with diagnoses including Chronic Airway Obstruction, Alzheimer's Disease, and Chronic Respiratory Failure.</p> <p>Medical record review of Resident #39's Skin Assessment Progress Note dated 10/22/15, revealed the resident had "...slight redness to buttocks..." as the only area of impaired skin integrity noted. Continued review revealed the next documented skin assessment was not completed until 11/21/15, a month later.</p> <p>Interview with the Director of Nursing on 9/20/16 at 3:50 PM, in the conference room, confirmed no documentation of Resident #39's skin assessments had been completed weekly. Continued interview confirmed Resident #39's medical record was incomplete.</p>	F 514	<p>DON reviewed all charts for current skin assessments. This was completed 10-6-2016.</p> <p>DON reviewed the nurse's role in ensuring patient skin assessments are completed weekly during in-services completed on 10-4-2016.</p> <p>The DON initiated a QAPI to address Skin Assessments on 10-4-2016. Ten charts will be reviewed weekly for 3 months to ensure current skin assessments are completed. Findings will be reported in monthly QA meetings consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Director of Environmental Services, Director of Plant Operations, and Health Information Management.</p>		

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